



PROBATIONARY PERIOD EXTENSION FORM

Date: _____

Employee: _____ **Date of Hire:** _____

Department: _____ **Manager:** _____

Job Classification: _____

Your probationary period as an employee of The University of Toledo has been extended from:

_____ to _____
(End of probation date) (Month – Day – Year)

Reason(s) for the extension is/are the following:

- _____ **Job Performance Issues**
- _____ **Code of Conduct / Behavioral Issues**
- _____ **Attendance and/or Punctuality Issues**
- _____ **Other:** _____

Explanation/Supporting Documentation: _____

Plan of Action/Future Expectations: _____

By signing this form, I am indicating my understanding that my employment may be disciplined or terminated at any time during my probationary period with or without notice, with or without cause, without resort to the grievance procedure.

Employee Signature

Date

Manager Signature

Date

AFSCME Representative (if applicable)

Date

**C: Human Resources – Employee File
Employee
AFSCME Representative (if applicable)**